

Selective Serotonin Reuptake Inhibitors

Some commonly used brand names are:

Celexa (citalopram), Lexapro (escitalopram), Luvox (fluvoxamine), Paxil (paroxetine), Zoloft (sertraline), Prozac (fluoxetine)

Before Using This Medicine

In deciding to use a medicine, the risks of taking the medicine must be weighed against the good it will do. This is a decision you and your doctor will make. For SSRI's, the following should be considered:

Allergies: Tell your doctor if you have ever had any unusual or allergic reaction to SSRI's. Also tell your health care professional if you are allergic to any other substances, such as foods, preservatives, or dyes.

Pregnancy: One study of babies whose mothers had taken SSRI's while they were pregnant found some problems in the babies, such as premature birth, jitteriness, and trouble in breathing or nursing. However, four other studies did not find any problems in babies or young children whose mothers had taken SSRI's while they were pregnant. Tell your doctor if you are pregnant or if you may become pregnant while you are taking this medicine.

Older adults: Many medicines have not been tested in older people. Therefore, it may not be known whether they work exactly the same way they do in younger adults or if they cause different side effects or problems in older people. In studies done to date that included elderly people, SSRI's did not cause different side effects or problems in older people than it did in younger adults.

Other medicines: When you are taking SSRI's, it is especially important that your health care professional know if you are taking any of the following:

- Alprazolam (e.g., Xanax) Higher blood levels of alprazolam may occur and its effects may be increased
- Anticoagulants (blood thinners) Digitalis glycosides (heart medicine) Higher or lower blood levels of these medicines or SSRI's may occur, increasing the chance of unwanted effects. Your doctor may need to see you more often, especially when you first start or when you stop taking SSRI's. Your doctor also may need to change the dose of either medicine
- Astemizole (e.g., Hismanal) Higher blood levels of astemizole may occur, which increases the chance of having a very serious change in the rhythm of your heartbeat
- Other Antidepressants
 - Buspirone (e.g., BuSpar)
 - Bromocriptine (e.g., Parlodel)

- Dextromethorphan (cough medicine)
- Levodopa (e.g., Sinemet)
- Lithium (e.g., Eskalith)
- Meperidine (e.g., Demerol)
- Nefazodone (e.g., Serzone)
- Pentazocine (e.g., Talwin)
- Street drugs (LSD, MDMA [e.g., ecstasy], marijuana)
- Sumatriptan (e.g., Imitrex)
- Tramadol (e.g., Ultram)
- Trazodone (e.g., Desyrel)
- Tryptophan
- Venlafaxine (e.g., Effexor)

Using these medicines with SSRI's or within 5 weeks of stopping SSRI's may increase the chance of developing a rare, but very serious, unwanted effect known as the serotonin syndrome. This syndrome may cause confusion, diarrhea, fever, poor coordination, restlessness, shivering, sweating, talking or acting with excitement you cannot control, trembling or shaking, or twitching. If you develop these symptoms contact your doctor as soon as possible. Taking tramadol with SSRI's increases the chance of having convulsions (seizures). Also, taking tryptophan with SSRI's may result in increased agitation or restlessness and intestinal or stomach problems

- Moclobemide (e.g., Manerex) The risk of developing serious unwanted effects, including the serotonin syndrome, is increased. Use of moclobemide with SSRI's is not recommended. Also, it is recommended that 7 days be allowed between stopping treatment with moclobemide and starting treatment with SSRI's, and it is recommended that 5 weeks be allowed between stopping treatment with SSRI's and starting treatment with moclobemide
- Monoamine oxidase (MAO) inhibitors (furazolidone [e.g., Furoxone], phenelzine [e.g., Nardil], procarbazine [e.g., Matulane], selegiline [e.g., Eldepryl], tranylcypromine [e.g., Parnate]) Do not take SSRI's while you are taking or within 2 weeks of taking an MAO inhibitor. If you do, you may develop confusion, agitation, restlessness, stomach or intestinal problems, sudden high body temperature, extremely high blood pressure, and severe convulsions. At least 14 days should be allowed between stopping treatment with an MAO inhibitor and starting treatment with SSRI's. If you have been taking SSRI's, at least 5 weeks should be allowed between stopping treatment with SSRI's and starting treatment with an MAO inhibitor
- Phenytoin (e.g., Dilantin)
- Tricyclic antidepressants (amitriptyline [e.g., Elavil], amoxapine [e.g., Asendin], clomipramine [e.g., Anafranil], desipramine [e.g., Pertofrane], doxepin [e.g., Sinequan], imipramine [e.g., Tofranil], nortriptyline [e.g., Aventyl, Pamelor], protriptyline [e.g., Vivactil], Trimipramine [e.g., Surmontil]) Higher blood levels of these medicines may occur, which increases the chance of having serious side effects. Your doctor may want to see you more often and may need to change the doses of your medicines. Also, taking

amitriptyline, clomipramine, or imipramine with SSRI's may increase the chance of developing the serotonin syndrome

Other medical problems: The presence of other medical problems may affect the use of SSRI's. Make sure you tell your doctor if you have any other medical problems, especially:

- Brain disease or mental retardation or Seizures, history of - The chance of having seizures may be increased
- Diabetes - The amount of insulin or oral antidiabetic medicine that you need to take may change
- Kidney disease or Liver disease - Higher blood levels of SSRI's may occur, increasing the chance of side effects
- Parkinson's disease - May become worse
- Weight loss - SSRI's may cause weight loss. This weight loss is usually small, but if a large weight loss occurs, it may be harmful in some patients

Proper Use

Take this medicine only as directed by your doctor, to benefit your condition as much as possible. Do not take more of it, do not take it more often, and do not take it for a longer time than your doctor ordered.

If this medicine upsets your stomach, it may be taken with food.

If you are taking SSRI's for depression, it may take 4 weeks or longer before you begin to feel better. Also, you may need to keep taking this medicine for 6 months or longer to stop the depression from returning . If you are taking SSRI's for obsessive-compulsive disorder, it may take 5 weeks or longer before you begin to get better . Your doctor should check your progress at regular visits during this time.

Dosing: The dose of SSRI's will be different for different patients and for different problems. Follow your doctor's orders or the directions on the label.

Missed dose: If you miss a dose of this medicine, it is not necessary to make up the missed dose. Skip the missed dose and continue with your next scheduled dose. Do not double doses.

Precautions

It is important that your doctor check your progress at regular visits, to allow dosage adjustments and help reduce any side effects.

Do not take SSRI's within 2 weeks of taking a monoamine oxidase (MAO) inhibitor (furazolidone, phenelzine, procarbazine, selegiline, or tranylcypromine) and do not take an MAO inhibitor for at least 5 weeks after taking SSRI's . If you do, you may develop extremely high blood pressure or convulsions.

Avoid drinking alcohol while you are taking SSRI's.

If you develop a skin rash or hives, stop taking SSRI's and check with your doctor as soon as possible.

For diabetic patients:

This medicine may affect blood sugar levels. If you notice a change in the results of your blood or urine sugar tests or if you have any questions, check with your doctor.

This medicine may cause some people to become drowsy or less able to think clearly, or to have poor muscle control. Make sure you know how you react to SSRI's before you drive, use machines, or do anything else that could be dangerous if you are not alert and well able to control your movements .

Side Effects

Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Check with your doctor as soon as possible if any of the following side effects occur:

- More common
 - Decreased sexual drive or ability; inability to sit still; restlessness; skin rash, hives, or itching
- Less common
 - Chills or fever; joint or muscle pain
- Rare
 - Breast enlargement or pain; convulsions (seizures); fast or irregular heartbeat; purple or red spots on skin; symptoms of hypoglycemia (low blood sugar), including anxiety or nervousness, chills, cold sweats, confusion, cool pale skin, difficulty in concentration, drowsiness, excessive hunger, fast heartbeat, headache, shakiness or unsteady walk, or unusual tiredness or weakness; symptoms of hyponatremia (low blood sodium), including confusion, convulsions (seizures), drowsiness, dryness of mouth, increased thirst, lack of energy; symptoms of serotonin syndrome, including diarrhea, fever, increased sweating, mood or behavior changes, overactive reflexes, racing heartbeat, restlessness, shivering or shaking; talking, feeling, and acting with excitement and activity you cannot control; trouble in breathing; unusual or incomplete body or facial movements; unusual secretion of milk, in females

Symptoms of overdose may be more severe than side effects that may occur from regular doses, or several symptoms may occur together:

- Agitation and restlessness; convulsions (seizures); drowsiness; fast heartbeat; nausea and vomiting; talking, feeling, and acting with excitement and activity you cannot control; trembling or shaking

Other side effects may occur that usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your doctor if any of the following side effects continue or are bothersome:

- More common
 - Anxiety or nervousness; decreased appetite; diarrhea; drowsiness; headache; increased sweating; nausea; tiredness or weakness; trembling or shaking; trouble in sleeping
- Less common or rare
 - Abnormal dreams; change in sense of taste; changes in vision; chest pain; constipation; dizziness or lightheadedness; dryness of mouth; feeling of warmth or heat; flushing or redness of skin, especially on face and neck; frequent urination; hair loss; increased appetite; increased sensitivity of skin to sunlight; menstrual pain; stomach cramps, gas, or pain; vomiting; weight loss; yawning

After you stop taking SSRI's, your body may need time to adjust. The length of time this takes depends on the amount of medicine you were using and how long you used it. During this period of time, check with your doctor if you notice any of the following side effects:

- Anxiety; dizziness; feeling that body or surroundings are turning; general feeling of discomfort or illness; headache; nausea; sweating; unusual tiredness or weakness
- Other side effects not listed above may also occur in some patients. If you notice any other effects, check with your doctor.